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PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

|   |  |                        |   |
|---|--|------------------------|---|
| <b>NEW UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(only for new nonprovisional applications under<br/>37 CFR 1.53(b))</small> |  | Attorney Docket Number | 20880-06029; Case 6029 US   |
|   |  | First Named Inventor   | David A. Fotland  |
|   |  | Title                  | System And Method For Reading<br>And Writing A Thread State In A<br>Multithreaded Central Processing Unit |
|   |  | Express Mail Label No. | EL566201275US   |

|  |  |  |  |
|--|--|--|--|
| <b>APPLICATION ELEMENTS</b>  |  | <b>ACCOMPANYING APPLICATION PARTS</b>  |  |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Pages <input type="text" value="45"/></span><br/><i>(preferred arrangement set forth below)</i><br/> <input type="checkbox"/> Descriptive Title of the Invention<br/> <input type="checkbox"/> Cross Reference(s) to Related Case(s)<br/> <input type="checkbox"/> Statement Regarding Fed sponsored R &amp; D<br/> <input type="checkbox"/> Background of the Invention<br/> <input type="checkbox"/> Brief Summary of the Invention<br/> <input type="checkbox"/> Brief Description of the Drawing(s)<br/> <input type="checkbox"/> Detailed Description<br/> <input type="checkbox"/> Claim or Claims<br/> <input type="checkbox"/> Abstract of the Disclosure         </p> |  | <p>7. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))<br/> <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>9. <input checked="" type="checkbox"/> Power of Attorney or Authorization of Agent (1 sheet)</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input type="checkbox"/> Information Disclosure Statement &amp; PTO-1449<br/><input type="checkbox"/> Copies of IDS Citation(s)</p> <p>13. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122<br/><i>(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</i></p> <p>14. <input checked="" type="checkbox"/> Return Postcard</p> <p>15. <input checked="" type="checkbox"/> Check in the amount of <u>\$355.00</u> / Application Fee<br/><input type="checkbox"/> _____<br/><input type="checkbox"/> _____</p> <p>16. <input type="checkbox"/> _____<br/><input type="checkbox"/> _____</p> <p>17. <input type="checkbox"/> _____<br/><input type="checkbox"/> _____</p> |  |
| <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. <span style="float: right;">Total Sheets <input type="text" value="13"/></span><br/>113)</p> <p>5. Oath or Declaration</p> <p>a. <input checked="" type="checkbox"/> New Declaration <span style="float: right;">Total Pages <input type="text" value="1"/></span><br/><input type="checkbox"/> Executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation/divisional with Box 18 completed)</i><br/>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/>Signed statement attached deleting inventor(s)<br/>named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>   |  | <b>ADDRESS TO:</b><br><b>Box Patent Application<br/>Commissioner for Patents<br/>Washington, D.C. 20231</b>  |  |

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 09/748,098

Prior application information: Examiner: Not Yet Known Group/Art Unit: 2183

For **CONTINUATION OR DIVISIONAL APPS only**: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**



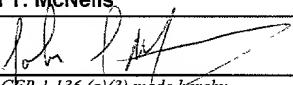
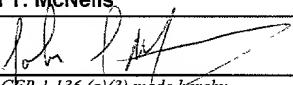
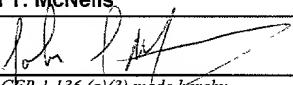
Customer Number and Bar Code Label

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|-------------------|-----------------|-----------------------------------|--------------|
| Name (Print/Type) | John T. McNelis | Registration No. (Attorney/Agent) | 37,186       |
| Signature         |                 |                                   | Date         |
|                   |                 |                                   | 22 June 2001 |

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|--|--|--|--|---------------------------|--|
| 0002/PTO(modified)<br>Rev. 10/2000   |  | U.S. Department of Commerce<br>Patent and Trademark Office |  | <b>Complete if Known</b>  |  |
| <b>FEE TRANSMITTAL</b>   |  | Application Number   |  | Not Yet Assigned          |  |
|  |  | Filing Date  |  | June 22, 2001             |  |
|  |  | First Named Inventor                                       |  | David A. Fotland          |  |
|  |  | Group Art Unit   |  | Not Yet Assigned          |  |
|  |  | Examiner Name  |  | Not Yet Assigned          |  |
| <b>TOTAL AMOUNT OF PAYMENT</b><br>Subtotal (1) + Subtotal (2) + Subtotal (3) = |  | (\$355.00)   |  | Attorney Docket Number    |  |
|  |  |  |  | 20880-06029; Case 6029 US |  |

| <b>METHOD OF PAYMENT</b>   |   | <b>FEE CALCULATION (continued)</b>  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
|--|---|---|---------|----------|--------------|------------------------------|------------------------------|-----------------|---------|-----------|----------|-------------------------------------|------------------------|---------------------------------|----------|--|-----|-------------|-------------|--|---|-----------|----------|--|---|-----------|-----------|---|---------|-----------|-----------|--|--|-------------|-----------|---|--|-------------|-----------|--|--|-----------|-----------|------------------|--|-------------|-----------|--|--|-------------|-----------|--------------------------------|--|-----------|-----------|------------------|--|-----------|-----------|-------------------------------|--|-----------|-----------|--|--|-----------|-----------|---|--|----------|----------|--|--|-----------|-----------|---|--|-----------|-----------|--|--|------------------|--|----------------------|--|--|--|------------------------------|--|----------------------|--|--|--|----------|--|------------------------|--|--|--|----------|--|-----------------------------------|--|--|--|-----------|--|--------------------------|--|--|--|----------|--|---|--|--|--|----------|--|---|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|----------|--|----------|--|----------|--|-----|------------------------|---------------------------------|--|---------|-----|-------|---|---------|---|---|---------|-------|---|--------|---|---|---------|--|--|--|--|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|-----------------------|--|--------------------------|--|--|--|-----------------|--|-------------|--|--------|--|-----------|---|--|--|------|--------------|
| <b>1. The Commissioner is hereby authorized to:</b><br><input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.<br><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. †<br><input type="checkbox"/> Applicant claims small entity status<br>See 37 CFR 1.27 |   | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr><td>105/\$130</td><td>205/\$65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127/\$50</td><td>227/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>115/\$110</td><td>215/\$55</td><td>Extension for response within first month†</td><td></td></tr> <tr><td>116/\$390</td><td>216/\$195</td><td>Extension for response within second month†</td><td></td></tr> <tr><td>117/\$890</td><td>217/\$445</td><td>Extension for response within third month†</td><td></td></tr> <tr><td>118/\$1,390</td><td>218/\$695</td><td>Extension for response within fourth month†</td><td></td></tr> <tr><td>128/\$1,890</td><td>228/\$945</td><td>Extension for response within fifth month†</td><td></td></tr> <tr><td>119/\$310</td><td>219/\$155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>141/\$1,240</td><td>241/\$620</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>142/\$1,240</td><td>242/\$620</td><td>Utility Issue Fee (Or Reissue)</td><td></td></tr> <tr><td>143/\$440</td><td>243/\$220</td><td>Design Issue Fee</td><td></td></tr> <tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>126/\$180</td><td>126/\$180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>179/\$710</td><td>279/\$355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146/\$710</td><td>246/\$355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149/\$710</td><td>249/\$355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr> <td colspan="2" style="text-align: right;"><b>2. CLAIMS</b></td> <td colspan="4" style="text-align: right;">Other fee (specify):</td> </tr> <tr> <td colspan="2" style="text-align: right;">Large Entity<br/>Fee Code/Fee</td> <td colspan="4" style="text-align: right;">Other fee (specify):</td> </tr> <tr> <td colspan="2">103/\$18</td> <td colspan="4">Claims in excess of 20</td> </tr> <tr> <td colspan="2">102/\$80</td> <td colspan="4">Independent claims in excess of 3</td> </tr> <tr> <td colspan="2">104/\$270</td> <td colspan="4">Multiple dependent claim</td> </tr> <tr> <td colspan="2">109/\$80</td> <td colspan="4">Reissue independent claims over original patent</td> </tr> <tr> <td colspan="2">110/\$18</td> <td colspan="4">Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (3) (\$ 0.00)</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: right;"> <table border="1"> <thead> <tr> <th colspan="2">(Col. 1)</th> <th colspan="2">(Col. 2)</th> <th colspan="2">(Col. 3)</th> </tr> <tr> <th>For</th> <th>No. of Existing Claims</th> <th>Highest No. Previously Paid For</th> <th></th> <th>Extra**</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>1</td> <td>20 or 0</td> <td>=</td> <td>0</td> <td>x - = 0</td> </tr> <tr> <td>INDEP</td> <td>1</td> <td>3 or 0</td> <td>=</td> <td>0</td> <td>x - = 0</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: right;">[ ] First presentation of multiple dependent claim</td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2) (\$0.00)</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: right;">** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3</td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>SUBMITTED BY</b></td> </tr> <tr> <td colspan="2">Typed or Printed Name</td> <td colspan="4">Complete (if applicable)</td> </tr> <tr> <td colspan="2">John T. McNelis</td> <td colspan="2">Reg. Number</td> <td colspan="2">37,186</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>22 June 2001</td> </tr> </tbody></table> |         |          |              | Large Entity<br>Fee Code/Fee | Small Entity<br>Fee Code/Fee | Fee Description | Fee Due | 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath |                        | 127/\$50                        | 227/\$25 | Surcharge-late provisional filing fee or cover sheet |     | 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination |   | 115/\$110 | 215/\$55 | Extension for response within first month† |   | 116/\$390 | 216/\$195 | Extension for response within second month† |         | 117/\$890 | 217/\$445 | Extension for response within third month† |  | 118/\$1,390 | 218/\$695 | Extension for response within fourth month† |  | 128/\$1,890 | 228/\$945 | Extension for response within fifth month† |  | 119/\$310 | 219/\$155 | Notice of Appeal |  | 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application |  | 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) |  | 143/\$440 | 243/\$220 | Design Issue Fee |  | 122/\$130 | 122/\$130 | Petitions to the Commissioner |  | 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement |  | 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) |  | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) |  | 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | <b>2. 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McNelis |  | Reg. Number |  | 37,186 |  | Signature |  |  |  | Date | 22 June 2001 |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee  | Fee Description   | Fee Due |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 105/\$130  | 205/\$65  | Surcharge - late filing fee or oath   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
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| 147/\$2,520  | 147/\$2,520   | For filing a request for reexamination  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 115/\$110  | 215/\$55  | Extension for response within first month†  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 116/\$390  | 216/\$195   | Extension for response within second month†   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 117/\$890  | 217/\$445   | Extension for response within third month†  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 118/\$1,390  | 218/\$695   | Extension for response within fourth month†   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 128/\$1,890  | 228/\$945   | Extension for response within fifth month†  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 119/\$310  | 219/\$155   | Notice of Appeal  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 141/\$1,240  | 241/\$620   | Petition to revive unintentionally abandoned application  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 142/\$1,240  | 242/\$620   | Utility Issue Fee (Or Reissue)  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 143/\$440  | 243/\$220   | Design Issue Fee  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 122/\$130  | 122/\$130   | Petitions to the Commissioner   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 126/\$180  | 126/\$180   | Submission of Information Disclosure Statement  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 179/\$710  | 279/\$355   | Request for Continued Examination (RCE)   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 581/\$40   | 581/\$40  | Recording each patent assignment per property (times number of properties)  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 146/\$710  | 246/\$355   | Filing a submission after final rejection (37 CFR 1.129(a))   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 149/\$710  | 249/\$355   | For each additional invention to be examined (37 CFR 1.129(b))  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| <b>2. CLAIMS</b>   |   | Other fee (specify):  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| Large Entity<br>Fee Code/Fee   |   | Other fee (specify):  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 103/\$18   |   | Claims in excess of 20  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 102/\$80   |   | Independent claims in excess of 3   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 104/\$270  |   | Multiple dependent claim  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 109/\$80   |   | Reissue independent claims over original patent   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| 110/\$18   |   | Reissue claims in excess of 20 and over original patent   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
|  |   | <b>SUBTOTAL (3) (\$ 0.00)</b>   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
|  |   | <table border="1"> <thead> <tr> <th colspan="2">(Col. 1)</th> <th colspan="2">(Col. 2)</th> <th colspan="2">(Col. 3)</th> </tr> <tr> <th>For</th> <th>No. of Existing Claims</th> <th>Highest No. Previously Paid For</th> <th></th> <th>Extra**</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>1</td> <td>20 or 0</td> <td>=</td> <td>0</td> <td>x - = 0</td> </tr> <tr> <td>INDEP</td> <td>1</td> <td>3 or 0</td> <td>=</td> <td>0</td> <td>x - = 0</td> </tr> </tbody> </table>  |         |          |              | (Col. 1)                     |                              | (Col. 2)        |         | (Col. 3)  |          | For                                 | No. of Existing Claims | Highest No. Previously Paid For |          | Extra**  | Fee | TOTAL       | 1           | 20 or 0                                | = | 0         | x - = 0  | INDEP                                      | 1 | 3 or 0    | =         | 0   | x - = 0 |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| (Col. 1)   |   | (Col. 2)  |         | (Col. 3) |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| For  | No. of Existing Claims  | Highest No. Previously Paid For   |         | Extra**  | Fee          |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| TOTAL  | 1   | 20 or 0   | =       | 0        | x - = 0      |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| INDEP  | 1   | 3 or 0  | =       | 0        | x - = 0      |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
|  |   | [ ] First presentation of multiple dependent claim  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
|  |   | <b>SUBTOTAL (2) (\$0.00)</b>  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
|  |   | ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| <b>SUBMITTED BY</b>  |   |   |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| Typed or Printed Name  |   | Complete (if applicable)  |         |          |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| John T. McNelis  |   | Reg. Number   |         | 37,186   |              |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |
| Signature  |  |   |         | Date     | 22 June 2001 |                              |                              |                 |         |           |          |                                     |                        |                                 |          |  |     |             |             |  |   |           |          |  |   |           |           |   |         |           |           |  |  |             |           |   |  |             |           |  |  |           |           |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                  |  |                      |  |  |  |                              |  |                      |  |  |  |          |  |                        |  |  |  |          |  |                                   |  |  |  |           |  |                          |  |  |  |          |  |   |  |  |  |          |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |          |  |          |  |          |  |     |                        |                                 |  |         |     |       |   |         |   |   |         |       |   |        |   |   |         |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |                       |  |                          |  |  |  |                 |  |             |  |        |  |           |   |  |  |      |              |

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby  
Rev. 11/04/99